



IOWA DEPARTMENT OF NATURAL RESOURCES
WALLACE STATE OFFICE BUILDING
502 EAST 9TH STREET
DES MOINES, IOWA 50319-0034

APPLICATION / AFFIDAVIT
FOR NEW OR REPLACEMENT
ATV & SNOWMOBILE
VEHICLE IDENTIFICATION NUMBER

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Snowmobile ☐

All-Terrain Vehicle ☐

Year: _____ Manufacturer: _____ Model: _____ CC: _____

Reason for no VIN: Rebuilt _____ Homebuilt _____ Lost or Destroyed _____

I state that I am the owner of the above named vehicle. I further state that this vehicle has no VIN issued by the manufacturer or the Iowa Department of Natural Resources for the reason listed above.

Owner's Signature: _____

(For Officer's Use Only)

VIN: _____

Inspection Date: _____

Officer's Name (Please Print): _____

Officer's Signature: _____ Badge #: _____

After inspection and new number affixed to machine, owner will return this form to the County Recorder for completion of process.